

Community Health Assessment for Coconino County



Executive Summary 2004



Northern Arizona Healthcare
Flagstaff Medical Center



About Coconino County

Northern Arizona's spectacular landscapes, including the Grand Canyon, and the rich diversity of the population and culture make this region a unique and exciting place in which to live. With 18,608 square miles and 11,886,720 acres of land, Coconino County is the largest county in Arizona and the second largest county in the United States. Thirty-seven percent of that land has been allotted to Indian reservations that are home to Navajo, Hopi, Paiute, Hualapai, and Havasupai tribes. The 2000 U.S. Census showed a total population of 116,320 in Coconino County, with nearly 30% identifying as American Indians or Alaska Natives.

Like many growing communities, Coconino County faces serious challenges: concentrations of poverty among particular neighborhoods and ethnic groups, lack of affordable housing, substance abuse problems, specific populations unequally burdened by diabetes and injury, and premature death. In areas of the economy, health, and community well-being, this report shows comparisons between Coconino County, Arizona and, when possible, the nation. Data highlight the strengths of Coconino County as well as the difficulties faced by its citizens that are obstacles to the County's long-term, sustainable success.

Purpose of the Report

The data and descriptions in the report are intended to be useful to a broad spectrum of leaders and organizations committed to a healthy, prosperous, and equitable Coconino County:

- Federal and state government policymakers together with civic, community, non-profit, and philanthropic leaders can utilize the data to help inform their policy and program design decisions.
- Regional organizations – government, philanthropic, civic and business – can utilize the picture of Coconino County and Arizona painted here to galvanize collaborative strategies and solutions for the County and state.
- Community leaders developing innovative strategies and solutions for their localities can look at these findings to determine where they fit in the region and identify measures for tracking their own progress over time.

Most importantly, this report can facilitate more civic engagement around the community goals. Neighborhood residents, elected officials, members of state and federal government, philanthropic, business and civic leaders will have the opportunity to engage with one another to progress toward the goals of self-sufficiency, better health, access to healthcare and healthy and vibrant communities.

Report Highlights

- Per capita personal income levels were lower in Coconino County than in Arizona as a whole, and both were lower than the national income levels. (Page 4)
- Median family income in the Flagstaff Metropolitan Statistical Area (MSA), which includes Coconino County, was lower than in the state or the nation. (Page 4 – 5)
- More than half of Community Survey respondents had housing that is considered by the U.S. Department of Housing and Urban Development (HUD) to be **unaffordable**. Over forty-six percent of Telephone Survey respondents reported paying for housing that HUD considers unaffordable. (Page 5)
- Over 8% of Telephone Survey respondents and 28% of Community Survey respondents had **lived without basic needs** such as food, child care, health care, or clothing. (Page 5 – 6)
- Nine percent of the Telephone Survey respondents and 19% of the Community Survey respondents said they had **needed health care** in the last year and had been **unable to receive it**. (Page 6)
- Sixteen percent of Telephone Survey respondents and 8% of Community Survey respondents who **did not have health insurance** indicated they had **used the emergency room or hospital** for health care. (Page 6 – 7)
- In 1999, 49% of children aged 2 to 4 years were **experiencing tooth decay** in both Flagstaff and Coconino County. (Page 7)
- In 2002, **only 80% of pregnant women** in Coconino County and 76% of those in Arizona **received prenatal care** in the first trimester. Seventy-two percent of pregnant American Indian women in Coconino County received prenatal care in the first trimester. (Page 7 – 8)
- **Youth with mental health issues** were disproportionately represented in the Coconino County juvenile justice system. From 2002 to 2003, the average monthly percentage of youth with moderate mental health issues in need of services in detention centers was 57%. (Page 8)
- According to the 2002 Arizona Youth Survey, **student marijuana use was higher in Coconino County than in Arizona**. Twenty-one percent of eighth graders, 24% of tenth graders, and 26% of twelfth graders in Coconino County had used marijuana in the past 30 days. In Arizona, 14% of eighth graders, 22% of tenth graders, and 25% of twelfth graders had used marijuana in the past 30 days. (Page 8 – 9)
- In 2001, **996 individuals** visited the Flagstaff Medical Center Emergency Department **1,772 times for alcohol inebriation**. Twenty-five percent of those patients were diagnosed with alcohol intoxication more than once in 2001. (Page 10)
- An estimated **2,000 people** experienced **homelessness** at one point in time in Coconino County in the year 2000. (Page 10)

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Self-Sufficiency

A family is considered self-sufficient if it is able to meet its basic needs without public or private assistance. The Self-Sufficiency Standard for Arizona provides information on how much income is needed in different counties for families of different sizes to meet those basic needs without assistance. The Self-Sufficiency Standard is a more comprehensive measure of income adequacy than the Federal Poverty Level.

The Self-Sufficiency Standard is calculated for Coconino County in two ways, by both including and excluding the city of Flagstaff. Flagstaff is a more costly city than the surrounding area and has a higher Self-Sufficiency Standard. *When considering Flagstaff alone, the Self-Sufficiency Standard for a family of two adults, a preschooler and a school age child is \$3,681 per month or \$44,173 per year. The hourly wage is \$10.46 for each of the two adults.* The Self-Sufficiency Standard excluding Flagstaff is \$3,559 per month for the same family of four or \$42,710 per year. The hourly wage for each adult would be \$10.11.

Per Capita Personal Income

Personal income is one of the most basic measures of the health of the local economy. Individuals use their personal income to purchase items to meet family needs, and, in doing so, help fuel the local economy. Per capita estimates reflect the total amount of personal income averaged across the population. Per capita personal income levels were lower in Coconino County than in Arizona as a whole, and both were lower than the national income levels. In 2001, personal income in Coconino County was 31% lower than the national level. In 2001, per capita personal income was \$23,238 in Coconino County, \$25,878 in

Arizona and \$30,413 in the nation. However, county residents earning a minimum wage and working 40 hours per week are only grossing \$10,712 per year (\$5.15 per hour).

Per Capita Personal Income

INCOME	1998	1999	2000	2001	% CHANGE
Coconino County	\$20,058	\$21,055	\$22,526	\$23,238	3.2%
State	23,118	23,939	25,361	25,878	2.0%
National	\$26,893	\$27,880	\$29,760	\$30,413	2.2%

Source: Regional Economic Information System, Bureau of Economic Analysis, TableCA1-3, May 2003.

Per capita personal income (PCPI) is calculated by dividing the total personal income by the total population for a given county. Total personal income (TPI) includes the earnings (wages and salaries, other labor income, proprietors' income), dividends, interest, rent, and transfer payments received by the residents of Coconino County.

Median Family Income

Like personal income, median family income serves as an indicator of the health of the local economy. It reflects the median amount of income earned by families, or the amount at which half of all local families earn more and half earn less. Some government agencies, such as the Department of Housing and Urban Development (HUD), use median family income to set eligibility thresholds for subsidized housing. Median family income in the Flagstaff Metropolitan Statistical Area (MSA) was lower than in the state or the nation. According to HUD, estimates for 2003, median family income was \$50,000 in the Flagstaff MSA, \$52,700 in Arizona and \$56,500 in the nation. *The Flagstaff MSA median family income was 13% lower than the national median family income.*

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Median Family Income (Cont.)

Median Family Income

INCOME	FY 2000	FY 2001	FY 2002	FY 2003	% CHANGE
Flagstaff MSA*	\$45,500	\$46,800	\$48,200	\$50,000	3.7%
State	47,800	49,700	51,900	52,700	1.5%
National	\$50,200	\$52,500	\$54,400	\$56,500	3.9%



Source: U.S. Department of Housing and Urban Development, *Income Limits*, 2003.

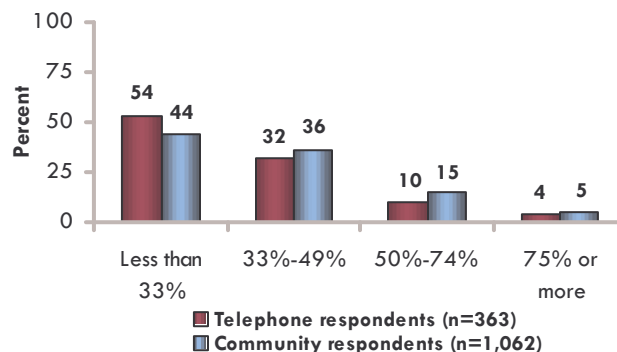
*Flagstaff MSA is the Flagstaff Metropolitan Statistical Area, which includes Coconino County.

Note: Median family income estimates are calculated for each metropolitan and non-metropolitan area and are based on 1990 Census estimates updated to 2002, with a combination of Bureau of Labor Statistics earnings and employment data.

Cost of Living: Housing

Households that spend much of their income on housing have less money available to spend on basic needs such as food and clothing. The Telephone Survey and the Community Survey showed that many respondents spent a large percentage of their household take-home pay on rent and housing. The U.S. Department of Housing and Urban Development (HUD) and the housing industry define affordable housing as spending no more than approximately one-third of wages on housing. Over half (56%) of Community Survey respondents spent more than one-third (33%) of their wages on rent and housing. *In other words, more than half of Community Survey respondents had housing that is considered by HUD to be unaffordable.* Over 46% of Telephone Survey respondents reported paying for housing that HUD considers unaffordable.

 /  How much of your total household take-home pay (income after taxes) goes to rent/housing costs?



Source: Coconino County Telephone and Community Surveys, 2003.



Living Without Basic Needs

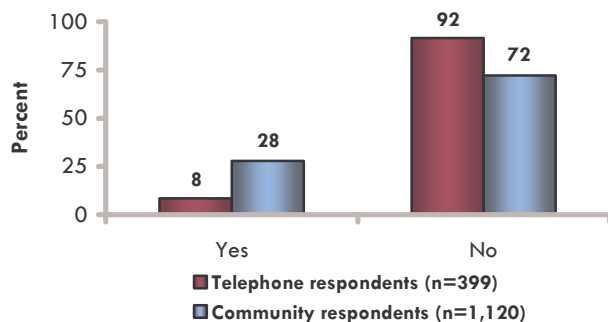
Having enough money to afford basic necessities such as food, adequate and stable housing, and health care is one of the most basic measures of the economic well-being of residents. Having to go without these necessities also jeopardizes the health and emotional well-being of community members.

The Telephone and Community Surveys asked respondents if in any month, they went without basic needs such as food, child care, health care, or clothing. *Over 8% of Telephone Survey respondents and 28% of Community Survey respondents had lived without basic needs. When asked what basic necessities they lived without, Telephone Survey respondents' top five necessities included food (41%), prescriptions (40%), clothing (35%), health care (34%), and rent/housing (30%). Community Survey respondents reported that they went without dental care (46%), clothing (37%), had limited food choices (36%), health care (28%), and prescriptions (22%).*

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Living Without Basic Needs (Cont.)

 /  In any month, do you find you or your family having to go without basic needs such as food, child care, health care, or clothing?



Source: Coconino County Telephone and Community Surveys, 2003.

Access to Health Care

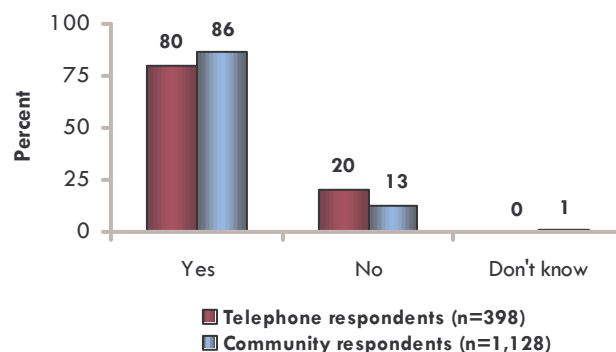
Healthy People 2010 Objective: (*page 13)
One hundred percent of the population will have health insurance.

Health insurance coverage is a fundamental measure of access to the health care system for preventive as well as acute care. Those without health insurance are at risk for having lower health status; they wait longer to see the doctor and may not seek care until health conditions are severe. According to the Behavioral Risk Factor Surveillance System (BRFSS), in 2002, 16% of Arizonans did not have health insurance. Twenty percent of Telephone Survey respondents and 13% of Community Survey respondents did not have health insurance.

When asked if they had needed health care in the last year and had been unable to receive it, 9% of the Telephone Survey respondents and 19% of the Community Survey respondents said “yes.” *Of those who had been unable to receive health care, the most frequent answers as to why they could not receive it related to affordability; “no*

insurance,” “insurance wouldn’t cover it,” and “could not afford it” were the most common problems in both the Telephone and the Community Surveys.

 /  Do you have health insurance?



Source: Coconino County Telephone and Community Surveys, 2003.

Use of Emergency Room for Primary Health Care

Use of emergency facilities for primary health care is not only costly, but also inappropriate. It further strains an already burdened health care system and can lengthen the wait time for those in an actual emergency. Thirty-nine percent of Telephone Survey respondents used emergency rooms or hospitals as sources of health care; of those, 16% did not have health insurance, indicating this may be their primary source of health care. Twenty-eight percent of Community Survey respondents used emergency rooms or hospitals as sources of health care, with 8% of those respondents indicating they had no health insurance.

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Use of Emergency Room for Primary Health Care (Cont.)



When you need health care, where do you go?

	TELEPHONE RESPONDENTS	COMMUNITY RESPONDENTS
Private doctor	70.2%	67.3%
Medical clinics/medical centers/community health centers (including Indian medical/health clinics)	36.3%	40.4%
Emergency room/hospital	38.8%	27.9%
Urgent care clinics/walk-in clinics	31.0%	23.3%
Alternative care givers	17.9%	6.8%
Haven't needed care	3.9%	3.5%
Other	10.2%	4.1%

Multiple response question with 399 telephone respondents offering 833 responses and 1,119 community respondents offering 1,939 responses. This is a multiple response question and will therefore not total 100%.

Source: Coconino County Telephone and Community Surveys, 2003.

Dental Health

Healthy People 2010 Objectives:

Young children (ages 2 to 4 years): no more than 9% will have untreated dental decay for primary teeth.

Children (ages 6 to 8 years): no more than 21% will have untreated dental decay for primary or permanent teeth.

Dental problems can result in poor concentration or behavioral problems and can be minimized through regular preventive dental services. In Flagstaff and in Coconino County, almost half of the toddlers observed had decay, while 37% of the toddlers in Arizona had decay. Decay experience increased with age in Flagstaff, Coconino County, and Arizona. Fifty-five percent of Flagstaff six- to eight-year-olds, 53% of Coconino County six- to eight-year-olds, and 60% of Arizona six- to eight-

year-olds had decay experience. Of eleven- to thirteen-year-olds, 63% in Flagstaff, 65% in Coconino County, and 65% in Arizona had experienced tooth decay.

Prenatal Care

Healthy People 2010 Objective:

Ninety percent of pregnant women will receive early and adequate prenatal care.

Early prenatal care can encourage healthy habits during pregnancy, help to identify potential medical problems, and facilitate involvement with parenting support, nutrition, and other educational resources. In 1999, 81% of pregnant women in Coconino County and 74% of those in Arizona received prenatal care in the first trimester of pregnancy. While the percentages remained higher than those in Arizona from 1999 to 2002, Coconino County's percentage of women who received prenatal care in the first trimester decreased in 2001 and 2002. By 2002, only 80% of pregnant women in Coconino County and 76% of those in Arizona received prenatal care in the first trimester. *American Indian women had less prenatal care in the first trimester than women in either Coconino County or Arizona in 2001.* Seventy-two percent of pregnant American Indian women in Coconino County received prenatal care in the first trimester. Only 65% of pregnant American Indian women in Arizona received that same care.

Additional Indicators:

Obesity: 10% of Telephone Survey respondents and 9% of Community Survey respondents indicated that they never exercise.

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Prenatal Care (Cont.)

Prenatal Care – All Births, Coconino County

ALL BIRTHS	2001		2002		ARIZONA 2002	
	#	%	#	%	#	%
1 st Trimester	1,509	80.6%	1,485	79.5%	66,146	75.7%
2 nd Trimester	276	14.7%	298	16.0%	14,535	16.6%
3 rd Trimester	49	2.6%	55	2.9%	3,826	4.4%
No Care	24	1.3%	16	0.9%	1,891	2.2%
Unknown	15	0.8%	13	0.7%	981	1.1%
Total	1,873	100%	1,867	100%	87,379	100%

Source: Arizona Department of Health Services, Public Health Services Division, Arizona Health Status and Vital Statistics, 2003.

Note: Ethnicity breakdowns were not available.

Youth Mental Health

Mental health problems cause considerable suffering for children and youth as well as for their families and communities. *Youth with mental illness are over represented in the juvenile justice system.* Timely and effective treatment and support services for children and youth with serious mental illness are paramount.

The Coconino County Juvenile Court Center found that an average of 52 juveniles or 67% of the facility's juvenile offenders are in need of mental health services each month. However, according to Duane Shimpach, Director of the Coconino County Juvenile Court Services, funding for the juvenile justice system only allows for five inpatient beds (for youth who are in danger of hurting themselves or others), and the average length of stay is from 28 days to 125 days.¹ In February 2002, 8% of the Center's juvenile offenders were in need of severe or urgent care. One year later, 20% of the Center's juvenile offenders fell into one of these two categories.

¹ Arizona Daily Sun, "Mentally Ill Delinquents Left Behind," by Larry Hendricks, October 1, 2003.

Coconino County Juvenile Court Center: Mental Health Needs of Youth in Detention

MONTH	MODERATE		SEVERE		URGENT	
	#	%	#	%	#	%
February 2002	48	57.1%	6	7.1%	1	1.1%
February 2003	35	53.8%	11	16.9%	2	3.0%
February 2002 through February 2003 (13 months): Monthly average of juveniles in need of mental health services						
	45	57.0%	6	8.0%	1.2	1.5%

Note: Minimal and None not shown.

Source: The Coconino County Juvenile Court Center, Superior Court of Arizona, 2003.

Youth Substance Use – Past 30 Day Use

Healthy People 2010 Objective:

No more than 16% of adolescents (ages 12 to 17 years) will have smoked cigarettes in the past 30 days.

In 2002, youth alcohol and cigarette use in Coconino County was generally higher than the nation. About 80% of Telephone and Community Survey respondents indicated that youth (under 18) drug and alcohol abuse was a significant problem in Coconino County. Indeed, the use of drugs, alcohol and tobacco puts teens at risk of poor health, reduced school success, social problems and impaired judgment. Youth substance use is not just a criminal justice issue, it is a public health issue.

Additional Indicators:

AIDS: Three-year rates per 100,000 population are declining but are still higher than the rates in Arizona.

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Youth Substance Use – Past 30 Day Use (Cont.)

The 2002 Arizona Youth Survey showed that, in Coconino County, 15% of eighth graders, 19% of tenth graders, and 27% of twelfth graders had smoked cigarettes in the last 30 days. Survey results in Arizona were lower than the county: 9% of eighth graders, 18% of tenth graders, and 23% of twelfth graders had smoked in the last 30 days. According to the 2002 National Survey conducted by Monitoring the Future, 11% of eighth graders, 18% of tenth graders, and 27% of twelfth graders had smoked cigarettes in the last 30 days.

When asked if they had chewed tobacco in the past 30 days, there was a notable difference between Coconino County and Arizona. Ten percent of eighth graders, 9% of tenth graders, and 11% of twelfth graders in Coconino County had chewed tobacco in the past 30 days. In Arizona, only 4% of eighth graders, 5% of tenth graders, and 6% of twelfth graders had chewed tobacco in the past 30 days. National results are not available for comparison due to a change in reporting.

When comparing the percentage of students who had used alcohol in the past 30 days, the 2002 National Survey results were lower than the 2002 Arizona Youth Survey results in Coconino County and in Arizona. Only 20% of eighth graders, 35% of tenth graders, and 49% of twelfth graders in the United States had used alcohol in the past 30 days. In contrast, 34% of eighth graders, 48% of tenth graders, and 59% of twelfth graders in Arizona had used alcohol in the past 30 days. Coconino County's results were higher than the National Survey, but still lower than the State. *In 2002, 29% of eighth graders, 44% of tenth graders, and 54% of twelfth graders in Coconino County said that they had used alcohol in the past 30 days.*

Percentage of Students Who Used Alcohol, Tobacco or Drugs During the Past 30 Days

DRUG USED	GRADE 8		GRADE 10		GRADE 12	
	Coconino County	Arizona	Coconino County	Arizona	Coconino County	Arizona
Alcohol	29.2%	34.4%	43.8%	47.9%	53.8%	58.9%
Cigarettes	15.1%	9.1%	19.0%	18.1%	27.1%	23.2%
Chewing Tobacco	9.9%	4.0%	8.9%	4.7%	10.9%	5.9%
Marijuana	21.4%	14.3%	24.3%	22.4%	26.4%	25.4%
Inhalants	5.2%	6.5%	3.5%	3.4%	2.6%	2.0%
Hallucinogens	2.1%	1.5%	4.3%	3.2%	3.9%	3.1%
Cocaine	4.9%	2.6%	3.6%	3.5%	3.7%	4.0%
Amphetamines	1.0%	1.0%	2.7%	2.6%	2.0%	2.2%
Steroids	3.1%	1.2%	1.2%	1.5%	0.9%	0.9%
Heroin	2.1%	1.2%	1.7%	1.4%	0.9%	1.3%
Sedatives	0.8%	1.0%	2.0%	2.6%	1.6%	3.4%
Ecstasy	2.9%	3.6%	4.2%	2.5%	3.3%	3.2%
Any Drug	26.4%	19.9%	27.7%	25.7%	29.3%	28.6%

Source: Arizona Criminal Justice Commission, Arizona Youth Survey: Coconino County, 2002.

Healthy People 2010 Objective:

No more than 0.7% of adolescents (ages 12 to 17 years) will have used marijuana in the past 30 days.

Twenty-one percent of eighth graders, 24% of tenth graders, and 26% of twelfth graders in Coconino County had used marijuana in the past 30 days. In Arizona, 14% of eighth graders, 22% of tenth graders, and 25% of twelfth graders had used marijuana in the past 30 days.

Additional Indicators:

STD's: Most instances are far below the state, and Coconino County has met Healthy People 2010 Objectives for gonorrhea and syphilis.

Diabetes: In 2001, the rate of hospital discharges in Coconino County was 12.2 per 100,000 population versus 14.4 per 100,000 population in the state.

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Adult Substance Use

Although drug and alcohol use are a concern in the community, respondents appear to be drinking very little. Over half of the Telephone Survey respondents (60%) reported never drinking more than two alcoholic drinks in one sitting.

However, in 2001, 996 individuals visited the Flagstaff Medical Center Emergency Department 1,772 times for alcohol inebriation. Twenty-five percent of those patients were diagnosed with alcohol intoxication more than once in 2001. Thirty percent of those patients were Native American, and 18% of them were Non-Hispanic Caucasians. More than 40 individuals were diagnosed with alcohol intoxication at least 5 times in 2001.

Additionally, in 2002, Coconino County had 16.3 alcohol-induced deaths per 100,000 population, while Arizona had 9.3 per 100,000 population.

According to the Arizona Department of Health Services, the hospital discharge rate for substance (drug) abuse in Coconino County increased from 2.1 per 10,000 population in 2000 to 4.5 per 10,000 population in 2001. Arizona's hospital discharge rates were higher than the county, at 6.0 per 10,000 population in 2000 and 6.8 per 10,000 population in 2001. In both the county and the state, the highest number of hospital discharges for substance abuse was in the 20- to 44-year-old age group.

Homelessness

A lack of affordable housing in a community can result in an increase in the number of individuals who are living in overcrowded conditions, are precariously housed, or even homeless. The number of homeless children and adults, therefore, provides a telling indicator of community well being.

According to the Arizona Department of Economic Security, Coconino County had the fifth highest estimated total number of people who experienced homelessness at a point in time in 2000, after Maricopa, Pima, Yavapai, and Mohave counties. In Arizona, there were an estimated 30,353 people who experienced homelessness in 2000.

For the estimated 2,000 people who experienced homelessness at one point in time in Coconino County in the year 2000, there were not enough emergency shelter or transitional housing beds to accommodate them. *In Coconino County, there were an estimated 89 beds available in emergency shelters and 22 beds available in transitional housing for a total of 111 beds in the year 2000.*

Estimated Number of Beds Available for Homeless People in Emergency Shelters, 2000

COUNTY	FAMILIES	YOUTH	INDIVIDUALS	TOTAL
Apache	0	0	0	0
Coconino	40	5	44	89
Gila	17	0	0	17
Mohave	20	5	15	40
Navajo	39	0	3	42
Yavapai	53	5	20	78

Source: Arizona Department of Economic Security, Division of Aging and Community Services/Community Services Administration, Annual Report, 2000.

Note: Excludes winter overflow beds.

Additional Indicators:

Causes of Death: *In 2002, Coconino County was below the state in mortality rates for cardiovascular diseases and cancer, but higher in rates for unintentional injury, motor vehicle-related, and alcohol-induced deaths.*

To view the entire report, please go to nazunitedway.org

Methodology

Data for this comprehensive report are from three sources: a telephone survey, a community survey, and secondary data gathered from a variety of local, state and national databases.

Telephone Survey

The telephone survey instrument was designed by Applied Survey Research (ASR). The telephone-calling center at the Social Research Laboratory of Northern Arizona University administered the survey. To qualify to complete the interview, individuals had to be located in Coconino County, be at least 18 years of age, speak English or Spanish, and reside in households with telephones. The survey was administered to 400 people.

Community Survey

In addition to the telephone survey, trained community volunteers and ASR staff went out in the community and distributed surveys to residents and selected groups and organizations throughout the county. Self-administered, 5-minute, face-to-face (community) surveys were conducted in Spanish and English with respondents over 18 years of age. Face-to-face surveys enabled the project to reach those groups that might be under-represented in the telephone survey, including those who do not have a telephone, live in rural areas, have lower incomes, or have difficulty with their non-native language. Over 1,100 face-to-face surveys were collected.

Survey and Census Comparisons

In general, demographic data from the two surveys closely match data provided by the U.S. Census, indicating that the survey respondents accurately reflect the community. For example, comparisons between the two surveys and Census data are shown below.

Household Income, Coconino County

HOUSEHOLD INCOME	TELEPHONE RESPONDENTS 2003 (SURVEY)	COMMUNITY RESPONDENTS 2003 (SURVEY)	COCONINO COUNTY 2000 (CENSUS)
Less than \$10,000	9.8%	15.9%	10.6%
\$10,000 to \$19,999	12.7%	11.0%	13.7%
\$20,000 to \$29,999	15.5%	11.2%	14.7%
\$30,000 to \$39,999	11.6%	12.0%	12.9%
\$40,000 to \$49,999	13.3%	9.8%	10.8%
\$50,000 to \$59,999	8.5%	12.4%	9.2%
\$60,000 to \$74,999	8.8%	10.2%	9.7%
\$75,000 to \$99,999	10.6%	9.9%	9.8%
\$100,000 or more	9.1%	9.1%	8.5%

Source: Coconino County Telephone and Community Surveys, 2003; U.S. Census Bureau, Census 2000 Summary File 1, Matrix P52; Source 1990: U.S. Bureau of the Census, 1990 Census of Population and Housing, Summary Tape File 3 (STF 3) Matrix P80.

A wide variety of secondary, or empirical, data was used to provide additional information about Coconino County. Secondary data was collected from a variety of sources, including but not limited to: the U.S. Census, federal, state, and local government agencies, academic institutions, economic development groups, health care institutions, and computerized sources through on-line databases and the internet. These sources are widely accepted and used data sources because of their ability to provide yearly, reliable reports. Further, data in this report reflect the most recent data available from all sources as of December 2003. In short, this report paints an accurate and comprehensive picture of Coconino County.

Healthy People 2010

The Healthy People 2010 Objectives are a set of health objectives for the nation to achieve over the first decade of the new century. Healthy People 2010 goals build on initiatives pursued over the past two decades, including *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*, developed by the Department of Health and Human Services. The goals of these initiatives were to establish national health objectives and serve as the basis for the development of state and community plans. Like its predecessors, Healthy People 2010 was developed through a broad consultation process, built on the best scientific knowledge and designed to measure programs over time.

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Data Development

There are a number of critical areas where additional data are needed but not available. Unfortunately, finding ethnicity data on the county level can be extremely challenging; it is also rarely available on a state level. The following areas were identified as part of a “data development agenda” with the intention of accessing these data for inclusion in future reports. Several different indicators have been identified as needing more comprehensive data:

- Adult substance use
- Diabetes
- Obesity
- Youth mental health

Next Steps

- Analyze the meaning of this data.
- Disseminate this report.
- Identify goals.
- Build a network of support.
- Take community action.

To view the entire report, please go to nazunitedway.org

Coconino County Community Health Assessment Steering Committee

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Victim Witness Services

Deb Hill, Chair,
Coconino County Board of Supervisors

M.J. McMahon, Executive Vice President,
Northern Arizona University

Steve Peru, Clerk
Coconino County Board of Supervisors/Deputy
County Attorney

Kathy Turner, Executive Director,
Northland Family Help Center

Bruce Weisensel, VP of Strategic Planning,
Northern Arizona Healthcare

Barbara Worgess, Director,
Coconino County Department of Health

Coconino County Community Health Assessment Volunteers

Richard Adams

Audrey Alicee

Macey Brimley

Clifford Brooke

Shirley Brooke

Alan Cook

Liz Fontanini

Roger Fontanini

Sharon Geile

Charlotte Goodluck

Shelly Hall

Carole Mandino

Bryan Loveless

Dave McIntire

Alice Pawlicki

Kimberly Petersen

Kevin Schindler

Jenny Simmons

Technical Advisory Committee

Hillary Abe,
Commission on Diversity Awareness
Monica Baker,
Coconino County Community College
Ann Beck,
Literacy Volunteers
Judy Bippus,
Parents Anonymous
Carol Blaich,
Coconino County Community Services
Connie Cordain,
Northland Family Help Center
Linda Cowan,
The Guidance Center
Archie Cubarrubia,
NAU/Diversity Awareness Commission
Dinah Gillette,
Community Volunteer
Charlotte Goodluck,
NAU
Tanya Gorman Keith,
FMC Board of Directors
Julianne Hartzell,
Coconino Coalition for Children and Youth
Cristine Henry,
FMC Behavioral Health Services
Laureen Jordan,
NAU Gerontology Institute
Avtar Khalsa,
Coconino Coalition for Children and Youth
Karen Kinne-Herman,
Flagstaff Community Foundation
David K. Leard,
NACOG Head Start
Connie Leto,
Citizens Against Substance Abuse
Anne Marie Mackler,
Big Brothers Big Sisters of Flagstaff
Skye Mercer,
Goodwill

Molly Munger,
NAU/FMC
Marilyn Pate,
Northland Hospice
Crystal Pohl,
Native Americans for Community Action
Ann Roggenbuck,
North Country Community Health Services
Alex Vernon,
City Diversity Commission
Kathy Weisensel,
Literacy Volunteers Board of Directors
Christine Chisholm,
FMC Behavioral Health Services
Coral Evans,
Goodwill
Verna Fischer,
Coconino County Community Services
Frank Garcia,
South Beaver Elementary School
Shelly Hall,
Coconino County Health Services
Nancy Hiatt,
Victim Witness Services
Rhonda Johnson,
NAU
Judy Mason,
FMC Behavioral Health Services
M.J. McMahon,
NAU
Jennifer Packer,
FMC Emergency Services
Tonya Watson,
Senior Services, Inc. of AZ
Al White,
Flagstaff City Council Member